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TRANSMITTAL	Application Number	10/718,471	7	
/ INANOMIII IAL	Filing Date	November 20, 2003	1/	
FORM	First Named Inventor	Rathinavelu Chengalvarayan		
(to be used for all correspondence after initial filing)	Art Unit	2164		
	Examiner Name	Mellissa M Chojnacki		
Total Number of Pages in This Submission	Attorney Docket Number	9432-000249		

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ENCLOSURES (check all that apply)								
Fee Transmittal Form		☐ Drawing(s)			er Allowance Communication to chnology Center (TC)			
Fee Attached		Licensing-related Papers			peal Communication to Board of peals and Interferences			
Amendment / Reply		Petition			peal Communication to TC peal Notice, Brief, Reply Brief)			
After Final		Petition to 0 Provisional	Convert to a Application	Proprietary Information				
Affidavits/dec	laration(s)		ttorney, Revocation Correspondence Address	Sta	Status Letter			
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please identify below):			
_		Request for Refund			postcard			
Express Abandonment Request		CD, Number of CD(s)						
Information Disclosure Statement								
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.						
Response to Miss Incomplete Applic			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Response to Parts under 3 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm	5.510		Attorney Name	. ,	Reg. No.			
<i>or</i> Individual name	Harness, Dickey &	Pierce, P.L.C.	Gregory A. Stobbs		28,764			
Signature	Trues	Stolb						
Date	July 17, 2006							
	C	ERTIFICATE C	OF TRANSMISSION/MAIL	ING				

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Signature	Kima Vittma	Date	July 17, 2006

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Effectives pursuant to the Consol	8/2004. priations Act, 2005 (H.R. 4818	).	Complete if Known					
			Application	Number	10/718,471			
		SMITTAL	Filing Date		November 20, 2003	3	•	
for	FY	2005	First Named	I Inventor	Rathinavelu Cheng	alvarayan		
Applicant claims sm	all entity st	tatus. See 37 CFR 1.27	Examiner N	ame	Mellissa M. Chojna	cki		
			Art Unit	Art Unit 2164				
TOTAL AMOUNT OF P	AYMENT	(\$) 50	Attorney Do	cket No.	9432-000249			
METHOD OF PAYME	NT (check	all that apply)						
☐ Check ☐ Credit C	ard 🔲 N	Ioney Order ☐ None [	Other (plea	se identify	y) :	, <u>, , , , , , , , , , , , , , , , , , </u>		
Deposit Account De		<u> </u>		•	ount Name: Harne	ss, Dickey & P	ierce, P.L.C.	
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<u></u>	fee(s) indica			_		• •	t for the filing fee	
		nal fee(s) or underpayment	e of fools)	_	it any overpaymen		. 101	
Under 3	7 CFR 1.16	and 1.17		<del></del>				
WARNING: Information on t	Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	-	SEARCH FEI			TION FEES		
Application Type	<u>Fee (\$</u>	Small Entity ) Fee(\$)		<u>nall Entit</u> Fee(\$)	y <u>§</u> Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility Utility	300			250	200	100	Tees I aid (W)	
Design	200		100	50	130	65		
Plant	200			150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	<del></del>	
2. EXCESS CLAIM FEES Small Entity								
I = EVAFOR OFFULL	EEO						Sman Entity	
Fee Description						Fee (\$)	Fee (\$)	
Fee Description Each claim over 20 (in	ncluding R					Fee (\$) 50	Fee (\$)	
Fee Description  Each claim over 20 (in Each independent claim	ncluding Riim over 3 (i					Fee (\$) 50 200	Fee (\$) 25 100	
Fee Description Each claim over 20 (in Each independent claim Multiple dependent cl	ncluding Raim over 3 (ilaims	including Reissues)	Fee Pai	id (\$)		Fee (\$) 50 200 360	Fee (\$) 25 100 180	
Fee Description  Each claim over 20 (in Each independent claim Multiple dependent claims	ncluding R im over 3 (i laims <u>Extra</u>		<u>Fee Pai</u> 50	id (\$)		Fee (\$) 50 200 360 Multiple	Fee (\$) 25 100 180  Dependent Claims	
Fee Description Each claim over 20 (in Each independent claim Multiple dependent claims  Total Claims  23 -22 or Hi	ncluding Rim over 3 (illaims  Extra	including Reissues)  Claims Fee(\$)  x 50 =		id (\$)		Fee (\$) 50 200 360	Fee (\$) 25 100 180 Dependent Claims	
Fee Description Each claim over 20 (in Each independent claim Multiple dependent claims  Total Claims  23 -22 or Hi	ncluding Raim over 3 (illaims  Extra  P = 1  of total claims	including Reissues)  Claims Fee(\$)				Fee (\$) 50 200 360 Multiple	Fee (\$) 25 100 180  Dependent Claims	
Fee Description  Each claim over 20 (in Each independent claim Multiple dependent claims  23 -22 or Hill HP = highest number of Indep. Claims  - 3 or HP	ncluding R im over 3 (i laims  Extra  P= 1  of total claims  Extra  P= 0	including Reissues)  Claims Fee(\$)  x 50 =  paid for, if greater than 20.  Claims Fee(\$)  x	<u>50</u> Fee Pai			Fee (\$) 50 200 360 Multiple	Fee (\$) 25 100 180  Dependent Claims	
Fee Description  Each claim over 20 (in Each independent claim Multiple dependent claims  23 -22 or Hill HP = highest number of Indep. Claims  - 3 or HP	ncluding R im over 3 (i laims  Extra  P= 1  of total claims  Extra  P= 0	including Reissues)  Claims Fee(\$)  x 50 =  paid for, if greater than 20.  Claims Fee(\$)	<u>50</u> Fee Pai			Fee (\$) 50 200 360 Multiple	Fee (\$) 25 100 180  Dependent Claims	
Fee Description  Each claim over 20 (in Each independent claim Multiple dependent claims  23 -22 or His HP = highest number of Indep. Claims  - 3 or HF HP = highest number of The HP =	ncluding Rim over 3 (ilaims  Extra P= 1 of total claims  Extra P= 0 of independent	including Reissues)  Claims Fee(\$)  x 50 =  paid for, if greater than 20.  Claims Fee(\$)  x	50 Fee Pai = 0 an 3.	i <b>d (\$)</b>		Fee (\$) 50 200 360 Multiple Fee (\$)	Fee (\$) 25 100 180  Dependent Claims	

sheets or fraction	thereof. See 3	5 U.S.	.C. 41(a)(1)	(G) and 37 CFR 1.16(s).		
Total Sheets	Extra Sheet	<u>ts</u>	Number o	of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	= 0	/ 50 =	. 0	(round up to a whole number) x		= 0

4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY							
Signature	Free	~ Sto	0662	Registration No. (Attorney/Agent)	28,764	Telephone	(248) 641-1600
Name (Print/Type)	Gregory A. Stobb	s J				Date	July 17, 2006

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